

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)
00001709

2 PAGE #
1 of 9

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Eric	MI
	NICKNAME	LAST Rangel	SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE
	125 Woodward St., B-207 Austin, TX 78704				
<input type="checkbox"/> Change of Address					

5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Jennifer	MI
	NICKNAME	LAST Cruise	SUFFIX

6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY:	STATE:	ZIP CODE
	2212 Thrasher Lane Austin, TX 78741				

7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512) 720-8348		

8 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)
	<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final report (Attach C/OH - FR)

9 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	09/26/2014				10/26/2014		

10 ELECTION	ELECTION DATE	ELECTION TYPE
	Month Day Year 11/04/2014	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special

11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known)
		AUSTIN CITY COUNCIL DISTRICT 3

GO TO PAGE 2

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

2014 OCT 27 PM 12:48

AUSTIN CITY CLERK RECEIVED

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

13 C/OH NAME Rangel, Eric (Mr.)

14 ACCOUNT # (Ethics Commission filers)
00001709

15 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

16 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED **\$ 0.00**

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **\$ 2,150.00**

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED **\$ 0.00**

4. TOTAL POLITICAL EXPENDITURES **\$ 1,988.60**

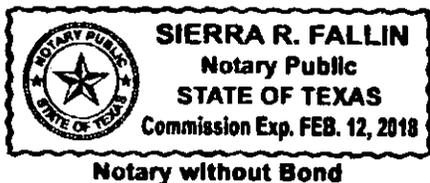
CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD **\$ 0.00**

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD **\$ 0.00**

17 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Handwritten Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Eric J. Rangel, this the 27 day of October, 2014, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Sierra R. Fallin
Print name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/5 Report: 3/9	
2 FILER NAME Rangel, Eric (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00001709	
4 Date 09/26/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ahrendt, Blythe (Ms.) 6 Contributor address; City; State; Zip Code 130 Clover Cv Clover Cove, TX 78640	7 Amount of contribution (\$) \$30.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Office Administration		10 Employer (See Instructions) A-1 Partsmart	
Date 09/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Alvarez, Alfredo (Mr.) Contributor address; City; State; Zip Code 5301 S/ 74th Avenue Summit, IL 60501	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Operations Manager		Employer (See Instructions) Mars	
Date 09/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Arias, Reymon (Mr.) Contributor address; City; State; Zip Code 2200 Palomar Drive Roswell,, NM 88203	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Roswell ISD	
Date 10/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Auth, Phillip (Mr.) Contributor address; City; State; Zip Code 5306 Summer Circle Austin, TX 78741	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Investment Manager		Employer (See Instructions) Teacher Retirement System of Texas	
Date 10/15/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Berger, Ryan (Mr.) Contributor address; City; State; Zip Code 1613 W. 12th Street Austin, TX 78703	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Real Estate Investor		Employer (See Instructions) Self	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/5 Report: 4/9	
2 FILER NAME Rangel, Eric (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00001709	
4 Date 10/16/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Burns, Lara (Mr.) 6 Contributor address; City; State; Zip Code 801 W. 5th Street, Suite 100 Austin, TX 78703	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions) Urbanspace	
Date 10/21/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carrico, Brian (Mr.) Contributor address; City; State; Zip Code 3704 Bonnie Road Austin, TX 78703	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Alexa Management LLC	
Date 09/30/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cofer, George (Mr.) Contributor address; City; State; Zip Code 3306 Gentry Drive Rollingwood, TX 78746	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Hill Country Conservancy	
Date 09/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Craig, Kenneth (Mr.) Contributor address; City; State; Zip Code 913B Sirocco Drive Austin, TX 78745	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Tammagde Market Research Inc.	
Date 10/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Craig, Kenneth (Mr.) Contributor address; City; State; Zip Code 913B Sirocco Drive Austin, TX 78745	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Tammagde Market Research Inc.	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/5 Report: 5/9	
2 FILER NAME Rangel, Eric (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00001709	
4 Date 09/26/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Estrada, Eric (Mr.) 6 Contributor address; City; State; Zip Code 407 W. China Street Lockhart, TX 78644	7 Amount of contribution (\$) \$20.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Underwriting Technician		10 Employer (See Instructions) TMLT	
Date 10/04/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Goldman, Greg (Mr.) Contributor address; City; State; Zip Code 1904 Canterbury Street Austin, TX 78702	Amount of contribution (\$) \$30.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Senior Planner		Employer (See Instructions) CAMPO	
Date 10/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gonzales, Eva (Ms.) Contributor address; City; State; Zip Code 913 Sirocco Drive Unit B Austin, TX 78745	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Legal Assistant		Employer (See Instructions) Texas Department of Aging & Disability Services	
Date 09/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Griego, Meriah Heredia (Ms.) Contributor address; City; State; Zip Code 1613 Galbaldon Dr., NW Albuquerque, NM 87104	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Firefighter		Employer (See Instructions) City of Albuquerque	
Date 09/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hall, Shawndra (Ms.) Contributor address; City; State; Zip Code 8309 Emerald Hills Way North Richland Hills, TX 76180	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Associate Director of Youth Ministry		Employer (See Instructions) St. John the Apostle Catholic Church	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #
Schedule: 4/5 Report: 6/9

2 FILER NAME Rangel, Eric (Mr.)

3 ACCOUNT # (Ethics Commission filers)
00001709

4 Date 09/26/2014
5 Full name of contributor out-of-state PAC (ID# _____)
Harvill, Lindsey (Ms.)

6 Contributor address; City; State; Zip Code
4342 Proctor Place
San Diego, CA 92116

7 Amount of contribution (\$) \$50.00
8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
Medical Social Worker

10 Employer (See Instructions)
Scripps Hospice

Date 10/17/2014
Full name of contributor out-of-state PAC (ID# _____)
Hay, John (Mr.)

Contributor address; City; State; Zip Code
2103 Sharon Lane
Austin, TX 78703

Amount of contribution (\$) \$100.00
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Managing Partner

Employer (See Instructions)
The Hay Legal Group PLLC

Date 10/16/2014
Full name of contributor out-of-state PAC (ID# _____)
Henderson, Kenneth (Mr.)

Contributor address; City; State; Zip Code
P.O. Box 1413
Lockhart, TX 78644

Amount of contribution (\$) \$150.00
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Owner

Employer (See Instructions)
True Blue Pool Service

Date 09/26/2014
Full name of contributor out-of-state PAC (ID# _____)
Jones, Allan (Mr.)

Contributor address; City; State; Zip Code
5420 NE 19th Avenue, Unit8
Portland, OR 97211

Amount of contribution (\$) \$20.00
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Student

Employer (See Instructions)
The University of Texas

Date 10/16/2014
Full name of contributor out-of-state PAC (ID# _____)
Maldonado, Melissa (Ms.)

Contributor address; City; State; Zip Code
1205 Space Lane
Austin, TX 78758

Amount of contribution (\$) \$50.00
In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Accountant

Employer (See Instructions)
Ernst and Young

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/5 Report: 7/9	
2 FILER NAME Rangel, Eric (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00001709	
4 Date 09/26/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Maldonado, Michael (Mr.) 6 Contributor address; City; State; Zip Code 12654 Carriage Blvd. San Antonio, TX 78249	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Accountant		10 Employer (See Instructions) University of Texas, Health Science Center at San Antonio	
Date 09/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Metz, Ryan (Mr.) Contributor address; City; State; Zip Code 281 High Low Drive New Braunfels, TX 78132	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self Employed	
Date 10/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ramirez, Robert (Mr.) Contributor address; City; State; Zip Code 5218 Pine Place Austin, TX 78744	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Tech		Employer (See Instructions) Texas Wrokforce Commission	
Date 09/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schatte, Thomas (Mr.) Contributor address; City; State; Zip Code 156 Spillway Drive Kyle, TX 78640	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Architectural Intern		Employer (See Instructions) Polinghorn Group Architects	
Date 10/01/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thomas, Timothy (Mr.) Contributor address; City; State; Zip Code 3403 Santa Monica Austin, TX 78741	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Senior Software Developer		Employer (See Instructions) Upologix Inc.	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense	Gifts/Awards/Memorial Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/2 Report: 8/9	2 FILER NAME Rangel, Eric (Mr.)	3 ACCOUNT # (TEC filers) 00001709
--	---	---

4 Date 10/02/2014	5 Payee name Kelly Graphics
6 Amount (\$) \$1,770.62	7 Payee address City; State; Zip Code 1409 Quaker Ridge Drive Austin, TX 78746

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Mailing Literature
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
---	-------------------------------	----------------	--------------

Date 10/01/2014	Payee name Office Depot
Amount (\$) \$17.31	Payee address City; State; Zip Code 2101 S. Lamar Austin, TX 78704

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Office Supplies	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Paper
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
---	-------------------------------	----------------	--------------

Date 10/10/2014	Payee name Office Depot
Amount (\$) \$16.23	Payee address City; State; Zip Code 2101 S. Lamar Austin, TX 78704

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Office Supplies	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Paper
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
---	-------------------------------	----------------	--------------

Date 10/14/2014	Payee name Office Depot
Amount (\$) \$17.31	Payee address City; State; Zip Code 2101 S. Lamar Austin, TX 78704

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER - Office Supplies	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Paper
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
---	-------------------------------	----------------	--------------

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/2 Report: 9/9		2 FILER NAME Rangel, Eric (Mr.)		3 ACCOUNT # (TEC filers) 00001709	
4 Date 10/16/2014		5 Payee name Office Depot			
6 Amount (\$) \$17.31		7 Payee address City; State; Zip Code 2101 S. Lamar Austin, TX 78704			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) OTHER - Office Supplies		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Paper <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/21/2014		Payee name Office Depot			
Amount (\$) \$34.62		Payee address City; State; Zip Code 2101 S. Lamar Austin, TX 78704			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) OTHER - Office Supplies		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Paper <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/26/2014		Payee name PayPal Fees			
Amount (\$) \$65.20		Payee address City; State; Zip Code Website Website, TX 78701			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) OTHER - PayPal Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Service Fees <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 10/06/2014		Payee name Thomas, David			
Amount (\$) \$50.00		Payee address City; State; Zip Code Website Austin, TX 78701			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) OTHER - Photography		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Photography <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	